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IM62/0720 SUSAN J BRAMAN BRAMAN & ROGALSKYJ, LLP P.O. BOX 352 CANANDAIGUA NY 14424-0352				Peter Rogalskyj (Depositor's name) Telucock (Signature) August 13, 1999 (Date)		
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Use of PTO form(s) and Customer Number are recommended, but not required. (1) the name attorneys or Change of correspondence Address form PTO/SB/122) attached. (1) the name attorneys or the name of member a read the name of member a read the name of the na				on the patent front page, lis of up to 3 registered paten gents OR, alternatively, (2 a single firm (having as a gistered attorney or agent of up to 2 registered paten gents. If no name is listed, no dinted.	Braman 8	Rogalskyj, Ll
3. ASSIGNEE NAME AND RESIDENC PLEASE NOTE: Unless an assigne inclusion of assignee data is only at the PTO or is being submitted undefilling an assignment. (A) NAME OF ASSIGNEE	e is identified below, no assig ppropiate when an assignment or separate cover. Completion	gnee data will appear nt has been previously n of this form is NOT a	on the patent. y submitted to a subsititue for	of Patents and Tradema S Issue Fee Advance Order - # o	arks): f Coples10	k payable to Commissioner
SOUTH ALABAMA MEDICAL SCIENCE FOUNDATION (B) RESIDENCE: (CITY & STATE OR COUNTRY) MOBILE, ALABAMA Please check the appropriate assignee category indicated below (will not be printed on the patent) individual Scorporation or other private group entity government				4b: The following fees or deficiency in these fees should be charged to: DEPOSIT ACCOUNT NUMBER 50-0772 (ENCLOSE AN EXTRA COPY OF THIS FORM) \$\mathbb{X}\$ Issue Fee \$\mathbb{X}\$ Advance Order - # of Copies 10		
The COMMISSIONER OF PATENTS	AND TRADEMARKS IS reque	sted to apply the Issu	e Fee to the app	lication identified above.		
(Authorized Signature)	100,88 .dv	8-1 (Date)	3-99			

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